

APPLICATION FOR NAVY CONTRACT POSITIONS
THIS IS NOT A CIVIL SERVICE POSITION
15 DECEMBER 2003

I. IMPORTANT INFORMATION: CUTOFF DATE AND TIME FOR RECEIPT OF APPLICATIONS IS 3:00 PM EST ON OR BEFORE 30 DECEMBER 2003. SEND APPLICATIONS TO THE FOLLOWING ADDRESS:

NAVAL MEDICAL LOGISTICS COMMAND
ATTN: Code 22V
1681 NELSON STREET
FORT DETRICK MD 21702-9203

E-MAIL: Acquisitions@nmlc.med.navy.mil
IN SUBJECT LINE REFERENCE: "CODE 22V"

A. NOTICE. This position is set aside for individual Pharmacists. Applications from companies will not be considered; additionally, applications from active duty Navy personnel, civilian employees of the Navy, or persons currently performing medical services under other Navy contracts will not be considered without the prior approval of the Contracting Officer.

B. POSITION SYNOPSIS. PHARMACIST. The Government is seeking to place under contract an individual who holds a current, unrestricted license to practice as a Pharmacist in any one of the fifty States, the District of Columbia, the Commonwealth of Puerto Rico, Guam or the U.S. Virgin Islands. This individual must also (1) meet all the requirements contained herein and (2), competitively win this contract award.

This position is located within the Pharmacy Department located at **Camp Lester**, Evans, Bush or Kinser Branch Medical Clinic, U.S. Naval Hospital, Okinawa, Japan.

You shall be on duty in the assigned clinical areas for 40 hours each week. You shall normally provide 9.0 hours (to include an uncompensated 1 hour for lunch), between the hours of 0730 and 1630 on Monday through Friday throughout the term of the contract. Any changes in the schedule shall be coordinated between you and the Government. You shall arrive for each scheduled shift in a well rested condition and shall have had at least six hours of rest from all other duties as a Pharmacist.

You shall accrue eight hours of personal leave per 80 hour period worked. Personal leave shall be used for absences due to both sickness and planned vacations. Your services not be required on the following federally established paid holidays: New Year's Day, Martin Luther King's Birthday, President's Day, Memorial Day, Independence Day, Labor Day, Columbus Day, Veteran's Day, Thanksgiving Day, and Christmas Day. You shall be compensated by the Government for these periods of planned absence for the number of hours you would have been scheduled to work. Should you be required to work a federal holiday, you will receive another day off as scheduled by the Commanding Officer. This position is for a period beginning from the start date, (a date agreed upon by the successful applicant and the Government), through 30 September of the same fiscal year with options to extend the contract for a total of five years. The contract will be renewable each fiscal year at the option of the Navy.

II. Statement of Work

A. The use of “Commanding Officer” means: Commanding Officer, U.S. Naval Hospital, Okinawa, Japan or designated representative, e.g. Technical Liaison, Department Head.

B. Suits arising out of Medical Malpractice. The health care worker(s) is (are) serving at the military treatment facility under a personal services contract entered into under the authority of section 1091 of Title 10, United States Code. Accordingly, section 1089 of Title 10, United States Code shall apply to personal injury lawsuits filed against the health care worker(s) based on negligent or wrongful acts or omissions incident to performance within the scope of this contract. You are not required to maintain medical malpractice liability insurance

Health care workers providing services under this contract shall be rendering personal services to the Government and shall be subject to day-to-day supervision and control by Government personnel. Supervision and control is the process by which the individual health care worker receives technical guidance, direction, and approval with regard to a task(s) within the requirements of this contract.

C. Duties and Responsibilities. You shall perform a full range of Pharmacist procedures, on site, using Government furnished facilities, equipment and supplies. Your actual clinical activity will be a function of the Commanding Officer/Professional Affairs Office credentialing process and the overall demand for Pharmacist services.

1. Administrative and Training Requirements. You shall:

1.1. Provide training and/or direction as applicable to supporting Government employees (i.e. hospital corpsmen, pharmacy technicians, students) assigned to you during the performance of clinical procedures. Perform limited administrative duties which include maintaining statistical records of your clinical workload, participating in education programs, and participating in clinical staff quality assurance functions and Process Action Teams, as prescribed by the Commanding Officer.

1.2. Participate in monthly meetings to review and evaluate the care provided to patients, identify opportunities to improve the care delivered, and recommend corrective action when problems exist.

1.3. Demonstrate awareness and sensitivity to patient/significant others' rights, as identified within the institution.

1.4. Demonstrate awareness of legal issues in all aspects of patient care and unit function and strive to manage situations in a reduced risk manner.

1.5. Demonstrate appropriate delegation of tasks and duties in the direction and coordination of health care team members, patient care, and clinic activities and provide training and/or direction as applicable to supporting Government employees (i.e., hospital corpsmen, students, etc.) assigned to you during the performance of duties.

1.6. Maintain an awareness of responsibility and accountability for own professional practice.

1.7. Participate in continuing education to meet own professional growth.

1.8. Attend that portion of the command orientation classes that provides and overview of command resources and emergence response.

1.9. Attend all annual retraining classes required by this command.

1.10. Attend Composite Health Care System (CHCS) and Corporate Information System (CIS) training provided by the Government for a minimum of four (4) hours, up to a maximum of 24 hours.

1.11. Family Advocacy. You shall participate in the implementation of the Clinic's Family Advocacy Program as directed. Participation shall include, but not be limited to, appropriate medical examination, documentation and reporting.

1.12. Obtain certification in American Heart Association Basic Life Support (BLS) for Healthcare Providers; American Heart Association Healthcare Provider Course; American Red Cross CPR (Cardio Pulmonary Resuscitation) for the Professional Rescuer; or equivalent. This training and certification will be provided by the Navy.

1.13. Comply with the HIPAA (Health Insurance Portability and Accountability Act) privacy and security policies of the treatment facility.

1.14. Contractor personnel shall be subject to an Automated Data Processing (ADP) background check in accordance with DoD Publication 5200.2-R. Personnel shall be required to complete the paperwork necessary for the Government to complete the background check.

2. STANDARD DUTIES. You shall perform a full range of outpatient pharmacy services, within the scope of this statement of work, on site using Government furnished facilities, equipment, and supplies. Workload includes scheduled and unscheduled requirements for services. Prescription workload is a result of requests for services by military personnel, their dependents and other beneficiaries. Workload is scheduled as a result of demands related to the provision of medical care by the military and civilian practitioners as well as prescription refill requirements which may have been dispensed from other local military sites. You are responsible for the delivery of comprehensive pharmaceutical services within the personnel, supply and equipment capabilities of the facility, and for the quality and timeliness of records, reports, and documentation of services provided. Your productivity is expected to be comparable to that of other Pharmacists assigned to the same facility and authorized the same scope of practice. You shall:

2.1. Counsel patients regarding appropriate use of medications.

2.2. Review patient profiles at the time of dispensing in order to closely monitor medication therapy.

2.3. Ensure prescription directions for use, dose, medication interactions, allergy information and other pertinent data are appropriate for individual patients.

2.4. Ensure accuracy of all pharmaceutical products prepared or processed by technical staff.

2.5. Work closely with clinical staff in developing patient wellness programs such as smoking cessation programs and asthma classes.

2.6. Compound medications as required.

2.7. Provide medication and healthcare related inservice training to clinical staff on new medications on the market; appropriate use of medications; comparison of current medication therapies; and other topics as deemed appropriate by the department head.

2.8. Provide medication information to the clinical staff as required.

2.9. Supervise pharmacy technicians and provide input into technician's job performance evaluations.

2.10. Supervise inventory control of all pharmaceuticals in the pharmacy, especially scheduled pharmaceuticals, and ensure pharmacy security.

2.11. Consult with other specialty practitioners who have been referred for pharmaceutical services.

2.12. Ensure that work areas are clean and safe according to Navy and federal regulations.

2.13. Ensure that quality assurance functions are performed and provide monthly Quality Assurance reports to the Head, Pharmacy Department.

2.14. Document significant medication interactions.

2.15. Execute drug utilization reviews (DURs) as requested by Head, Pharmacy Department or as deemed necessary.

2.16. Maintain appropriate records and security of all Scheduled controlled substances according to federal and Navy regulations.

3. Outpatient work units are defined as follows:

3.1. Outpatient Prescription - a medication order from an authorized prescriber for self-administration by an ambulatory patient.

3.2. Prescription Refill - a refill of an outpatient prescription order authorized by the prescriber on the original prescription form.

3.3. Clinic Prescription Issue - a prepackaged and pre-labeled medication intended for dispensing by clinic personnel for self-administration by an ambulatory patient. Protocols for dispensing are approved by the medical staff.

3.4. Clinic Supply Issue - a bulk drug properly packaged and labeled for administration or treatment of patients in the clinical setting.

4. Other factors related to the Pharmacist position:

4.1. Knowledge required by the position:

4.1.1. Thorough knowledge of current disease treatment therapies; disease processes; and all other aspects involved with the provision of pharmaceutical services.

4.1.2. Basic personnel management and supervisory principles.

4.1.3. Ability to work proficiently with Navy computer programs.

4.1.4. Understanding of pharmacy law and Navy Regulations (the Government will provide Navy regulations training).

4.2. Supervisory Controls:

4.2.1. You shall report to the Head, Pharmacy Department.

4.2.2. You are expected to work independently in supervising clinical pharmacy operations. You must have excellent communication and organizational skills, and demonstrate a high degree of initiative in developing clinical outpatient healthcare programs.

4.2.3. Guidelines:

4.2.4. In the execution of duties, you shall utilize the Comprehensive Accreditation Manual for Hospitals (JCAHO); Manual of the Medical Department, Navy, Chapter 21; hospital instructions; professional journals; and professional society literature. Judgment is required in adapting and applying the established guidelines to the scope of services provided by the pharmacy department. You shall must be credentialed by the hospital.

4.3. Complexity:

4.3.1. You shall utilize all aspects of pharmacy skills required to manage an outpatient pharmacy. You are expected to implement pharmaceutical care concepts to their fullest extent and work extensively with other healthcare professionals in developing outpatient clinical programs.

4.4. Personal Contacts:

4.4.1. You shall work closely with physicians, physician assistants, nurses, technical staff, administrative personnel and other employees on a continuous basis. The position revolves around patient care and therefore involves extensive patient interaction.

4.5. Physical Demands:

4.5.1. Work involves standing for long periods of time and occasional lifting of heavy boxes. Although standing and walking is often required, some of the work must be done at a desk.

4.6. Work Environment:

4.6.1. The work is performed at a Naval medical clinic. Exposure to very few hazardous materials will occur as will exposure to contagion in a clinical environment.

5. JCAHO requirements - Comply with the standards of the Joint Commission, applicable provisions of law and the rules and regulations of any and all governmental authorities pertaining to:

5.1. Licensure and/or regulation of healthcare personnel in treatment facilities, and

5.2. The regulations and standards of professional practice of the treatment facility, and

5.3. The bylaws of the treatment facility's professional staff.

6. ORIENTATION/TRAINING

6.1. You shall attend command orientation briefing during the first three months of commencing services. Orientation may be waived for personnel who have previously provided service at the MTF. Orientations include initial training requirements (e.g. fire, safety, infection control, and family advocacy) and information systems orientation (including the Composite Health Care System (CHCS) and the Ambulatory Data System (ADS)). The Government reserves the right to adjust orientation schedules to meet mission and workload requirements.

7. CREDENTIALS AND PRIVILEGING. Upon award, you shall complete a Personal and Professional Information Sheet (PPIS) and other supporting documentation required to complete an Individual Credentials File (ICF) prior to performance of services. The ICF, maintained at the facility, contains specific information regarding the qualifying educational degree(s) and professional licensure, past professional experience and performance, education and training, health status, and competency as defined in Appendix (G) of BUMEDINST 6320.66D and subsequent revisions, and higher directives. A copy of this instruction may be obtained from the World Wide Web at <http://navymedicine.med.navy.mil/instructions/external/6320-66d.pdf>

7.1. If individual clinical privileges have been summarily suspended pending an investigation into questions of professional ethics or conduct, your performance under this contract may be suspended until clinical privileges are reinstated. No reimbursement shall be made and no other compensation shall accrue to you so long as performance is suspended. The denial, suspension, limitation, or revocation of clinical privileges based upon practitioner impairment or misconduct shall be reported to the appropriate authorities.

D. Minimum Personnel Qualifications. To be qualified for this position you must:

1. Possess a Baccalaureate Degree or a Pharm D Degree in Pharmacy from a college of pharmacy accredited by the American Council of Pharmaceutical Education (ACPE).

2. Possess a current, valid, unrestricted license to practice Pharmacy in any one of the fifty States, the District of Columbia, the Commonwealth of Puerto Rico, Guam or the U.S. Virgin Islands.

3. Have successfully completed ACPE approved continuing education of at least 12 hours which maintains pharmacy

skills and knowledge in the preceding 2 years.

4. A working knowledge of pharmacy computer systems such as the CHCS computer system.
5. Three letters of recommendation from practicing pharmacists/hospital administrators attesting to your pharmaceutical skills. Candidates graduating within the preceding 12 months may provide letters from professional faculty where pharmacy degree was attained. Reference letters must include name, title, phone number, date of reference, address and signature of the individual providing reference. Reference letters must have been written within the preceding 5 years.
6. Represent an acceptable malpractice risk to the Navy.
7. U.S. employment eligibility per Attachment ##. No alien shall be allowed to perform under this contract in violation of the Immigration Laws of the United States.

E. Factors to be Used in a Contract Award Decision. If you meet the minimum qualifications listed in the paragraph above entitled, "Minimum Personnel Qualifications" you will be ranked against all other qualified candidates using the following criteria, listed in descending order of importance. The "Personal Qualification Sheet", Letters of Recommendation, and, if you have prior military services, the DD Form 214, shall be used to evaluate these items.

1. Experience and training as it relates to the duties contained herein, then,
2. The letters of recommendation required in item (D)(5), above, may enhance your ranking if they address such items as clinical skills, professionalism, or specific areas of expertise, etc., then,
3. Completion of a Pharm D Degree, then,
4. Prior military experience in a medical field (DD Form 214).

F. Instructions for Completing the Application. To be qualified for this contract position, you must submit the following:

1. _____ Two copies of a completed, "Application for Navy Contract Positions"
2. _____ Two copies of a completed Pricing Sheet (Attachment II)
3. _____ Two copies of a completed DD form 2051 (Attachment IV)
4. _____ Three letters of recommendations per paragraph D.5. above.
5. _____ Two copies of employment eligibility documentation per Attachment III.

G. Other Information for offerors.

After your application is reviewed, the Government will do at least one of the following: (1) Call you to negotiate your price, or (2) Ask you to submit additional papers to ensure you are qualified for the position, (3) Send you a letter to tell you that you are either not qualified for the position or that you are not the highest qualified individual, or (4) Make contract award from your application. If you are the successful applicant, the contracting officer will mail to you a formal government contract for your signature. This contract will record the negotiated price, your promise to perform the work described above, how you will be paid, how and by whom you will be supervised, and other rights and obligations of you and the Navy. Since this will be a legally binding document, you should review it carefully before you sign.

As of June 30, 1998, all contractors must be registered in the Central contractor Registration (CCR) as a prerequisite to receiving a Department of Defense (DoD) contract. You may register in the CCR through the World Wide Web at <http://www.acq.osd.mil/ec>. If you do not have internet access, a registration form is provided at Attachment V and can be mailed to the following address:

For firms with LEGAL business names beginning with the letters A-K or a number:

CCR Registration Assistance Center
2000 South Loop 256, Suite 11

Palestine, TX 75801
FAX: (904) 729-7988

For firms with LEGAL business names beginning with the letters L-Z:
CCR registration Assistance Center
1450 Scalp Avenue
Johnstown, PA 15904
FAX: (814) 262-2326

Upon notification of contract award, you will be required to obtain a physical examination at your expense. The physician must complete the questions in the physical certification, which will be provided with the contract. You will also be required to obtain the liability insurance specified in Attachment II, Pricing Information. Before commencing work under a Government contract, you must notify the Contracting Officer in writing that the required insurance has been obtained.

A complete, sample contract is available upon request.

The Navy is committed to a paperless acquisition process by the year 2000. This application package is available on the Naval Medical Logistics Command homepage at <http://www-mlc.med.navy.mil/Code02/contractorinfo.htm>

Any questions must be directed to acquisitions@nmlc.med.navy.mil by fax at (301) 619-6793 or by telephone at (301) 619-3199. **NOTE: Reference "Code 22V" in the subject line of all e-mails sent to the stated address.**

We look forward to receiving your application.

PERSONAL QUALIFICATIONS SHEET - PHARMACIST

1. Every item on the Personal Qualifications Sheet must be addressed. Please sign and date where indicated. Any additional information required may be provided on a separate sheet of paper (indicate by number and section the question(s) to be addressed).
2. The information you provide will be used to determine your acceptability. **In addition to the Personal Qualifications Sheet, please submit three letters of recommendation as described in Item VIII. of this Sheet.**
3. After contract award, all of the information you provide will be verified during the credentialing process. At that time, you will be required to provide the following documentation verifying your qualifications: Professional Education Degree, Release of Information, Personal and Professional Information Sheet, all medical licenses held within the preceding 10 years, copy of BLS - C card (or equivalent), continuing education certificates, and employment eligibility documentation. If you submit false information, your contract may be terminated for default. This action may initiate the suspension and debarment process, which could result in the determination that you are no longer eligible for future Government contracts.
4. Health Certification. Individuals providing services under Government contracts are required to undergo a physical exam 60 days prior to beginning work. The exam is not required prior to award but is required prior to the performance of services under contract. By signing this form, you have acknowledged this requirement.
5. Practice Information:

	<u>Yes</u>	<u>No</u>
1. Have you ever been the subject of a malpractice claim? (indicate final disposition of case in comments)	___	___
2. Have you ever been a defendant in a felony or misdemeanor case? (indicate final disposition of case in comments)	___	___
3. Has your license to practice or DEA certification ever been revoked or restricted in any state?	___	___

If any of the above is answered "yes" attach a detailed explanation. Specifically address the disposition of the claim or charges for numbers 1 and 2 above, and the State of the revocation for number 3 above.

PRIVACY ACT STATEMENT

Under 5 U.S.C. 552a and Executive Order 9397, the information provided on this page and the Personal Qualifications Sheet is requested for use in the consideration of a contract; disclosure of the information is voluntary; failure to provide information may result in the denial of the opportunity to enter into a contract.

_____	_____ (mm/dd/yy)
(Signature)	(Date)

I. General Information

Phone: () _____

Date of Degree: _____ (mm/dd/yy)

State Date of Expiration (mm/dd/yy)

[illegible]

Training Type listed on Card: _____
Expiration Date: _____(mm/yy/dd)

<u>Name and Address of Present Employer</u>	<u>From</u>	<u>To</u>
(1) _____	_____	_____

Work Performed: _____

Names and Addresses of Preceding Employers

	<u>From</u>	<u>To</u>
(2) _____	_____	_____

Work Performed: _____

	<u>From</u>	<u>To</u>
(3) _____	_____	_____

Work Performed: _____

Are you currently employed on a Navy contract? If so where is your current contract and what is the position?

When does the contract expire?

VII. Experience with Pharmacy Computer Systems: Identify those systems with which you have experience.

VIII. Professional References:

Provide three letters of recommendation from practicing pharmacists, at least one of which must from be a pharmacy supervisor/administrator attesting to your pharmaceutical skills. Candidates graduating within the preceding 12 months may provide letters from professional faculty where pharmacy degree was attained. Reference letters must include name, title, phone number, date of reference, address and signature of the individual providing reference. Reference letters must have been written within the preceding 5 years.

IX. Employment Eligibility:

	<u>Yes</u>	<u>No</u>
Do you meet the requirements for U.S. Employment Eligibility contained in Section V?	_____	_____

X. Basic Life Support Level C: Certification in American Heart Association Basic Life Support (BLS) for Healthcare Providers; American Heart Association Healthcare Provider Course; American Red Cross CPR (Cardio Pulmonary Resuscitation) for the Professional Rescuer; or equivalent.

Training Type listed on Card:

Expiration Date: _____(mm/dd/yy)

XI. Additional Medical Certifications, Degrees or Licensure: (Factor for Award)

Type of Certification, Degree or License and Date of Certification or Expiration

XII. Additional Information:

Provide any additional information you feel may enhance your ranking based on Section E. "Factors to be Used in a Contract Award Decision", such as your resume, curriculum vitae, commendations or documentation of any awards you may have received, prior military experience, etc.

XIII. I hereby certify the above information to be true and accurate:

(Signature) _____(mm/dd/yy)
(Date)

ATTACHMENT 02

PRICING SHEET
PERIOD OF PERFORMANCE

Services are required from 1 January 2004 through 30 September 2004. Four option periods will be included which will extend services through 31 December 2008, if required by the Government. The Contracting Officer reserves the right to adjust the start and end dates of performance to meet the actual contract start date.

PRICING INFORMATION

Insert the price per hour that you want the Navy to pay you. You may want to consider inflation rates when pricing the option periods. The Government will award a contract that is neither too high nor too low. Your price would be high enough to retain your services but not so high as to be out of line when compared to the salaries of other Pharmacists in the Okinawa, Japan area. **The hourly price includes consideration for the following taxes and insurance that are required:**

(a) Please note that if you are awarded a Government contract position, **you will be responsible for paying all federal, state and, local taxes.** The Navy does not withhold any taxes. Your proposed prices should include the amount you will pay in taxes.

(b) Before commencing work under a contract, you shall obtain the following required levels of insurance at your own expense: (a) General Liability - Bodily injury liability insurance coverage written on the comprehensive form of policy of at least \$500,000 per occurrence, and (b) Automobile Liability - Auto liability insurance written on the comprehensive form of policy. Provide coverage of at least \$200,000 per person and \$500,000 per occurrence for bodily injury and \$20,000 per occurrence for property damage.

The price that you quote for the base period will be added to the proposed quote for all option periods for the purpose of price evaluation.

<u>Line Item</u>	<u>Description</u>	<u>Quantity</u>	<u>Unit</u>	<u>Unit Price</u>	<u>Total Amount</u>
0001	The offeror agrees to perform on behalf of the Government, the duties of one Pharmacist at the Naval Hospital, Okinawa, Japan in accordance with this Application and the resulting contract.				
0001AA	Base Period; 1 Jan 04 thru 30 Sep 04	1568	Hour	_____	_____
0001AB	Option Period I; 1 Oct 04 thru 30 Sep 05	2088	Hour	_____	_____
0001AC	Option Period II; 1 Oct 05 thru 30 Sep 06	2088	Hour	_____	_____
0001AD	Option Period III; 1 Oct 06 thru 30 Sep 07	2088	Hour	_____	_____
0001AE	Option Period IV; 1 Oct 07 thru 30 Sep 08	2080	Hour	_____	_____
0001AF	Option Period V; 1 Oct 08 thru 31 Dec 08	520	Hour	_____	_____

TOTAL CONTRACT

Printed Name _____

Signature _____ Date _____
(Signature) (Date)

ATTACHMENT 03**LISTS OF ACCEPTABLE DOCUMENTS****SUBMIT ONE FROM LIST A****LIST A****Documents that Establish Both Identity and Employment Eligibility**

1. U. S. Passport (unexpired or expired)
2. Certificate of U. S. Citizenship (INS Form N-560 or N-561)
3. Certificate of Naturalization (INS Form N-550 or N-570)
4. Unexpired foreign passport, with I-551 stamp or attached INS Form I-94 indicating unexpired employment authorization.
5. Alien Registration Receipt Card with photograph (INS Form I-151 or I-551)
6. Unexpired Temporary Resident Card (INS Form I-688)
7. Unexpired Employment Authorization Card (INS Form I-688A)
8. Unexpired Reentry Permit (INS Form I-327)
9. Unexpired Refugee Travel Document (INS Form I-571)
10. Unexpired Employment Authorization Document issued by the INS which contains a photograph (INS Form I-698B)

OR SUBMIT ONE FROM LIST B AND ONE FROM LIST C**LIST B****Documents that Establish Identity**

1. Driver's license or ID card issued by a state or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, sex, height, eye color, and address
2. ID card issued by federal, state or local government agencies of entitles provided it contains a photograph or information such as name, date of birth, sex height, eye color, and address
3. School ID card with a photograph
4. Voter's registration card
5. U.S. Military card or draft record

LIST C**Documents that Establish Employment Eligibility**

1. U.S. social security card issued by the Social Security Administration (other card stating it is not valid for employment)
2. Certification of Birth Abroad issued by the Department of State (Form FS-545 or Form DS-1350)
3. Original or certified copy of a birth certificate issued by a state, county, municipal authority or outlying possession of the United States bearing an official seal
4. Native American Tribal document

- 6. Military dependant's ID Card
- 7. U.S. Coast Guard Merchant Mariner Card

- 8. Native American tribal document
Citizen in the United States

- 9. Driver's license issued by a
Canadian government authority

For persons under age 18 who
are unable to present a
document listed above;

- 10. School record or report card
- 11. Clinic, doctor, or hospital record
- 12. Day-care or nursery school record

- 5. U.S. Citizen ID Card (INS Form I-197)

- 6. ID Card for use of Resident
(INS Form I-179)

- 7. Unexpired employment
authorization document issued
by the INS (other than those
listed under List a).

ATTACHMENT 04**CENTRAL CONTRACTOR REGISTRATION APPLICATION
CONFIRMATION SHEET**

As of June 1, 1998 all contractors must be registered in the Central Contractor Registration (CCR) as a prerequisite to receiving the Department of Defense (DoD) contract.

Registration through the World Wide Web is preferred. The Web address is <http://www.ccr.gov/howto.html> If you do not have internet access, please contact (301) 619-3199 to request a copy of the application.

In order to register with the CCR you are required to obtain a DUNS number from Dun & Bradstreet. Please contact Dun & Bradstreet at 1-800-333-0505 to request a number or request the number via internet at <http://www.dnb.com/aboutdb/dunsform.htm>.

When you have done this, please mail or fax "THIS COMPLETED CONFIRMATION SHEET" to:

Naval Medical Logistics Command
ATTN: Code 22V
1681 Nelson Street
Fort Detrick, MD 21702-9203
FAX (301) 619-6793

Name: _____

Company: _____

Address: _____

Date CCR Form was submitted: _____

Assigned DUN & BRADSTREET #: _____

E-Mail Address: _____

ATTACHMENT 05**SMALL BUSINESS PROGRAM REPRESENTATIONS**

As stated in paragraph I.A. of this application this position is set-aside for individuals. As an individual you are considered a Small Business for statistical purposes. If you are female, you are considered a woman-owned small business. If you belong to one of the racial or ethnic groups in section B, you are considered a small disadvantaged business. To obtain further statistical information on Women-owned and Small Disadvantaged Businesses you are requested to provide the additional information requested below.

NOTE: This information will not be used in the selection process nor will any benefit be received by an individual based on the information provided.

Check as applicable:

Section A.

- () The offeror represents for general statistical purposes that it is a woman-owned small business concern.
() The offeror represents, for general statistical purposes, that it is a small disadvantaged business concern as defined below.

Section B

[Complete if offeror represented itself as disadvantaged in this provision.] The offeror shall check the category in which its ownership falls:

- ___ Black American.
___ Hispanic American.
___ Native American (American Indians, Eskimos, Aleuts, or Native Hawaiians).
___ Asian-Pacific American (persons with origins from Burma, Thailand, Malaysia, Indonesia, Singapore, Brunei, Japan, China, Taiwan, Laos, Cambodia (Kampuchea), Vietnam, Korea, The Philippines, U.S. Trust Territory of the Pacific Islands (Republic of Palau), Republic of the Marshall Islands, Federated States of Micronesia, the Commonwealth of the Northern Mariana Islands, Guam, Samoa, Macao, Hong Kong, Fiji, Tonga, Kiribati, Tuvalu, or Nauru).
___ Subcontinent Asian (Asian-Indian) American (persons with origins from India, Pakistan, Bangladesh, Sri Lanka, Bhutan, the Maldives Islands, or Nepal).